Name in Full | Certificate of Death

Emily A. Bellison

Died at Town: Shafersville County: Howard MARYLAND

Date 1900 Month: Feb. Day: 13th Age Y. M. D.: 27 . 0 0 Native of: Frederick Co Occupation: Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~ Md.

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of James A. Bellison

Father's Name Albert F. Miles Mother's Name Mary M. Miles

Cause of Death: Primary Measles followed by pneumonia. How long sick 13 days.

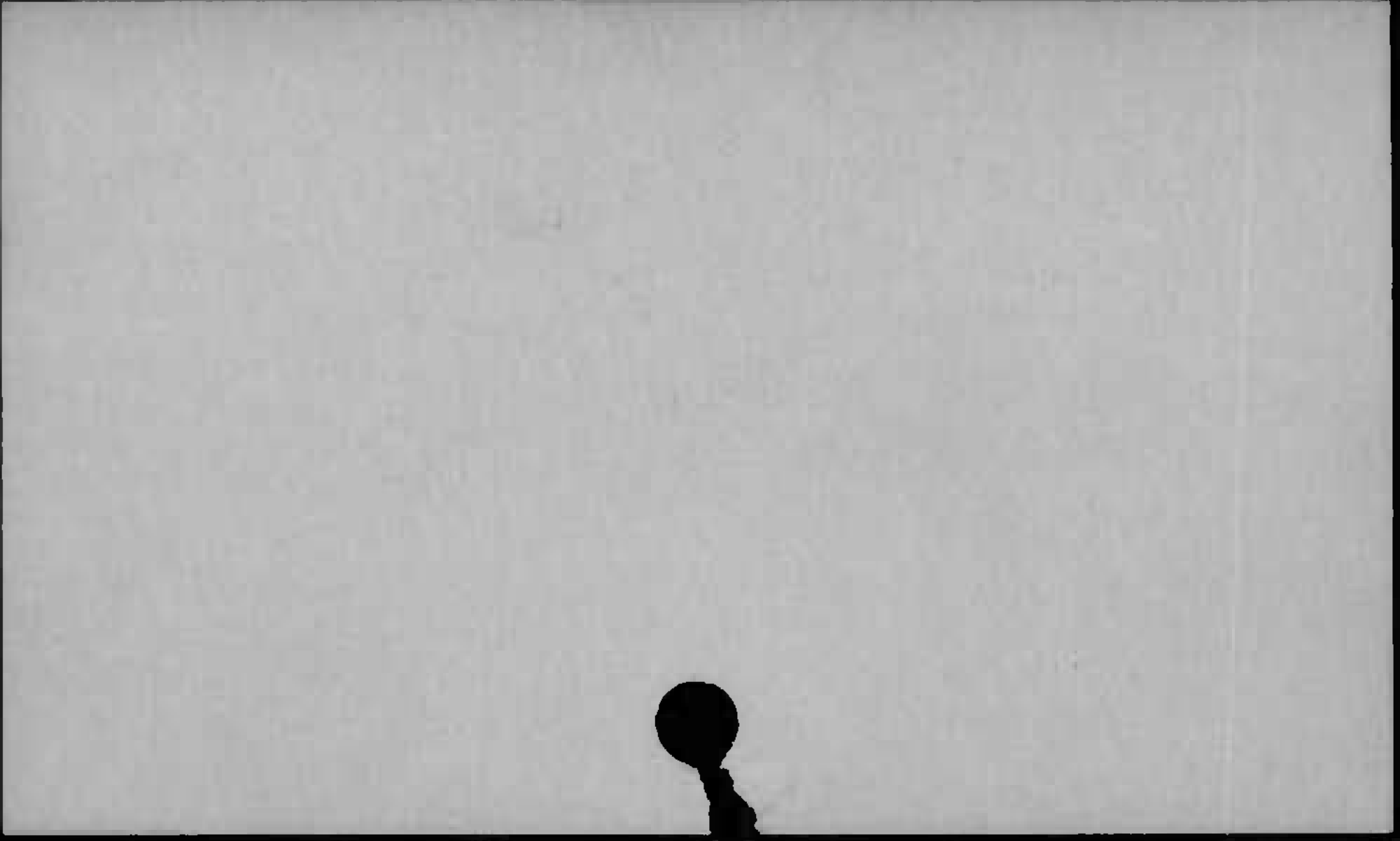
Immediate General toxemia ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. W. Lacy

Address Lisbon. Md.

Must be signed by physician, if any in attendance, otherw[illegible]y coroner, undertaker or minister.

LIBRARY BUREAU 65868



Name in Full: Burkett Bruce

Certificate of Death

Died at — Town: Simpsonville — County: Howard — MARYLAND

Date: 1900 — Month: 2 — Day: 8 — Age: Y. 17 M. 11 D. — Native of: Md — Occupation: Laborer

Male — ~~White~~ — ~~Married~~ — Widow — Divorced

~~Female~~ — Colored — Single — Widower — Number of children living

Husband of Wife

Father's Name: Henry Bruce — Mother's Name: Elizabeth Bruce

Cause of Death — Primary: Diphtheria 8a — How long sick: [illegible]

Immediate — Accident, Suicide, Homicide

Reported by: Died without having been seen by any physician

Address: J W L Cissel Highland, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

Virginia Bruce

Died at Town: Simpsonville County: Howard MARYLAND

Date 19 07 Month: Feb Day: 21 | Age Y.: 17 M.: D.: | Native of: Md | Occupation: Housework

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — Widow Widower — Divorced — Number of children living

Husband of

Wife

Father's Name: Henry Bruce Mother's Maiden Name: Elizabeth Roberts

Cause of Death — Primary: Diphtheria & Ca — How long sick: 14 days

Immediate: Cardiac Paralysis — Accident, Suicide, Homicide

Reported by W. W. L. Cissel

Address Highland. Md.

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893

Name in Full — Certificate of Death

Mr. Martin Coleton

Died at — Town: Morgans — County: Howard — MARYLAND

Date 1900 — Month: 2 — Day: 17 — Age: Y. 48 M. 7 D. — Native of — Occupation

Male — White — Married — Widow — Divorced

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living: 4

Husband of

Wife

Father's Name

Mother's Name: 57

Cause of Death — Primary: Heart Disease 9 yrs — How long sick

Immediate: Dropsy — Accident, Suicide, Homicide

Reported by: Basil W Bowman

Address: [redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7

Abraham Lincoln
Winfield Carroll

Seen by Coroner _____

of _____

Information contained in this certificate r-
ceived from _____

(_____

Name In Full

Certificate of Death

Edna F. Davis

Died at Town: Marriottsville County: Howard MARYLAND

Date 1900 Month 2 Day 22 | Age Y. 7 M. D. | Native of Md | ~~Occupation~~

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widowed~~ | ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ of Wife

Father's Name: Charles L. Davis | Mother's Name: Lilly Dorsey - Davis

Cause of Death — Primary: Grip & Pneumonia 9 | How long sick: 2 weeks

Immediate: Pulmonary oedema | ~~Accident, Suicide, Homicide~~

Reported by: Benj F. Shipley M. D

Address: alpha Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

Certificate of Death

George Washington Gibson

Died at Town Elicoak County Howard MARYLAND

Date 1900 Month Feb. Day 17 or 18 Age Y. about M. 55 yrs D. Native of dont Know Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number ~~of children living~~

~~Husband~~

~~Wife~~

Father's Name dont Know

Mother's Name dont Know

Cause of Death Primary Frozen to death

Immediate

147b

~~How long sick~~

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Stephen Hillsinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. none

of

Seen by Coroner C. A. Frey

of Ellicott City

Information contained in this certificate received

from

of

Name In Full

Certificate of Death

Cassandra Haley

Died at Town Ellicott City County Howard MARYLAND

Date 1900 Month Feb Day 21 Age Y. 37 M. 11 D. — Native of Howard Co Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Wife James H Haley

Father's Name —— Jones Mother's Name unknown

Cause of Death Primary Cardiac Asthma 56 How long sick several months

Immediate Pulmonary Congestion ~~Accident, Suicide, Homicide~~

Reported by William E. Hodges ~~M.D.~~ M.D.

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full | Certificate of Death

Hall Harrison

Died at Town: Ellicott City County: Howard MARYLAND

Date 1900 Month: Feb. Day: 5 Age Y. M. D.: 63 years Native of: M-d Occupation: Clergyman

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife: Miss Agnes Kennedy

Father's Name: Rev. Hugh Harrison Mother's Name: —

Cause of Death: Primary 58 How long sick: a few minutes

Immediate: Angina Pectoris Accident, Suicide, Homicide

Reported by: B. J. Byrne

Address: Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Cassie Jones — Certificate of Death

Died at Town: Ellicott City — County: Howard. — MARYLAND

Date 1906 — Month / Day: Feb. 21 — Age: Y. 66 M. yrs D. — Native of: Md. — Occupation: House duties

~~Male~~ / Female — ~~White~~ / ~~Colored~~ — ~~Single~~ / Married / ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 6

~~Husband~~ / Wife of James H. Healy.

Father's Name Aunt Known — Mother's Name Aunt Known

Cause of Death — Primary: Asthma — Immediate: — How long sick 1 week

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Stephen Hillsinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr. H. E. Hodges

of Ellicott City

Seen by Coroner —

of —

Information contained in this certificate received

from John A. Healy

of Ellicott City

Name in Full — Certificate of Death

Miss Mary Kelley.

Died at — Town: Ellicott City — County: Howard — MARYLAND

Date 1900 — Month: 2 — Day: 24 — Age: Y. 88. M. D. — Native of: Ireland — Occupation:

~~Male~~ / Female — ~~White~~ / ~~Colored~~ — ~~Married~~ / ~~Single~~ — Widow / ~~Widower~~ — Divorced — Number of children living: One

Husband of
Wife

Father's Name

Mother's Name: 141

Cause of Death — Primary: Old Age — Immediete:

How long sick: 7 years

Accident, Suicide, Homicide

Reported by: Milton Easton

Address: Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Jno. Dr.

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full — Certificate of Death

Wm. T. King

Died at — Town: Woodstock — County: Howard — MARYLAND

Date 1901 — Month: 2 — Day: 13 — Age: Y. 48 M. — D. 15 — Native of: Md — Occupation: Laborer

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

~~Husband of~~ / ~~Wife~~

Father's Name: Wm King — Mother's Name: Rebecka Thompson King

Cause of Death — Primary: consumption 22a — How long sick: 18 months

Immediate: septic fever + exanthem — ~~Accident, Suicide, Homicide~~

Reported by: Benj T. Shipley — M D

Address: Alpha Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

Name in Full

Certificate of Death

Mr. Johna Poole

Died at Town Florence County Howard MARYLAND

Date 1890 Month 2 Day 13 Age Y. 83 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living 2

Husband of Wife

Father's Name

Mother's Name 72

Cause of Death Primary Pneumonia How long sick

Immediate Accident, Suicide, Homicide

Reported by B. W. Bowman

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. M. Warfield

of

Seen by Coroner

of

Information contained in this certificate

evind from

Name in Full

Certificate of Death

Barbara Penn

Died at Town: Scaggsville County: Howard MARYLAND

Date 19 62 Month: Feb. Day: 23 | Age Y. 60 M. 4 D. 2 | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ Widow Widower | ~~Divorced~~ | Number of children living 4

Husband Wife of Christopher Penn

Father's Name Martin Stroul | Mother's Maiden Name

Cause of Death: Primary Abdominal tumor (Cancer?) | How long sick At various times for 25 yrs.

Immediate Marasmus

158

Accident, Suicide, Homicide

Reported by W. W. Leissel

Address Highland. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70808

Name in Full — Reynolds

Certificate of Death

Town

County Howard Co

Died at MARYLAND

Date 1900 Month July Day 16 | Age Y. 5 M. D. | Native of Md | Occupation —

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living

Husband of
Wife

Father's Name Peter Reynolds

Mother's Name Sally Reynolds

Cause of Death — Primary Bronchitis 8d

Immediate Pneumonia

How long sick 10 days ?

Accident, Suicide, Homicide

Reported by Howard Reynolds MD

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

George W. Riley

Died at Abberton (Town) Howard (County) MARYLAND

Date 1900 Month Feby Day 28 | Age Y. 73 M. 1 D. 18 | Native of Leesburg Va., | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Widow~~ ~~Divorced~~ | Number of children living 4

Husband ~~Wife~~ of Hannah Cooper

Father's Name Henry Newton Riley | Mother's Name Betsy McCarty

Cause of Death — Primary: Cerebral Hemorrhage | How long sick 3 Minutes?

Immediate: Cardiac Paralysis | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. Wm. B. Gambrill

Address Abberton Howard Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full

Joseph Thrapper.

Certificate of Death

Died at Town Woodstock County Howard MARYLAND

Date 1900 Month Feb. Day 15 | Age Y. [redacted] M. 2 D. 7 | Native of Germany | Occupation Labourer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name | Mother's Maiden Name

Cause of Death: Primary Supposed to have been | ~~How long sick~~

Immediate drowned | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by H. D. Dunkel J.P.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate re-
ceived from_____

of_____

Name in Full Mahaley Snyder

Certificate of Death

Died ~~at~~ Town Doughregan County Howard MARYLAND

Date 1900 Month Feb. Day 29 Age Y. 56 M. Yrs. D. Native of Md. Occupation house duties

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ of Wife Isiah Thompson

Father's Name Henry Snyder Mother's Name Nancy Snyder

Cause of Death Primary Consumption 22a How long sick 3 months.

Immediate Accident, Suicide, Homicide

Reported by Stephen Hillsinger

Address Undertaker Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. J. M. B. Rogers

of Ellicott City

Seen by Coroner ———

of ———

Information contained in this certificate received

from Howard L. Ridgely

of Doughoregan

Name in Full

Certificate of Death

Wm Silas Soper

Died at Elk Ridge (Town) Howard Co (County) MARYLAND

Date ~~Mo~~ 1900 Month 2d Day 21st | Age Y. 58 M. D. | Native of Maryland | Occupation Painter

~~Male~~ ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widowed~~ ~~Divorced~~ | Number of children living four

Husband of Wife Mary Cecilia Soper (Nee O'Malley)

Father's Name Charles Soper | Mother's Name Nancy Soper

Cause of Death — Primary: Acute Croupous Pneumonia | How long sick 13 days

Immediate: Acute Croupous Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by Dr Williams 72

Address Elk Ridge Howard County Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. Williams

of Elkridge Maryland

Seen by Coroner

of

Information contained in this certificate received

from Dr Wm Family

of

Name in Full: Mahala Thompson

Certificate of Death

Died at: Town: Dunghurgan County: Howard Co MARYLAND

Date 1900 Month: Feby Day: 27 | Age Y. 56 M. – D. 20 | Native of: Md | Occupation: Housework

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living: Five

~~Husband~~ Wife of: Isaiah Thompson

Father's Name: Henry Snyder Mother's Name: Nancy Musgrove

Cause of Death: Primary: Phthisis Pulmonalis | How long sick: 2 years

Immediate: asthenia 22a | ~~Accident, Suicide, Homicide~~

Reported by: Jno M B Evans MD

Address: Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Louis Young.

Died at Town: Simpsonville County: Howard MARYLAND

Date 1900 Month: 2 Day: 26 | Age Y.: 8. M.: — D.: — | Native of: Maryland Occupation: Iron

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living: —

Husband of Wife: — — — — —

Father's Name: Charles Young Mother's Name: Hattie Young.

Cause of Death — Primary: Consumption 22a | How long sick: Elm Creek.

Immediate: and from a fall | Accident, Suicide, Homicide

Reported by: Milton Easton

Address: Ellicotts Mills

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Attended by Dr. *Geo Dr*

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....